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03-23-01

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37CFR§1.53(b))		Attorney Docket No. KLR 99 First Inventor or Application Identifier Dolan et al. Title EFFICIENT DOCUMENT BOUNDARY DETERMINATION Express Mail Label No. EL619333117US
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APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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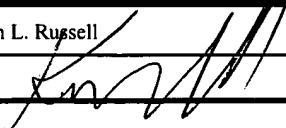
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification Total pages 23 (preferred arrangement set forth below) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Federally Sponsored Research - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer readable copy b. <input type="checkbox"/> Paper copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages 4]	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet, unsigned) 8. <input checked="" type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney when there is an assignee (unsigned) 9. <input type="checkbox"/> English translation document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS) /PTO 1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. <input type="checkbox"/> *Small Entity Statements <input type="checkbox"/> Statement filed in prior application. Status still proper and desired. (PTO/sb/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages 3] Unsigned a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.53(d)(2) and 1.33(b)	
* Note for Items 1 & 13: In order to be entitled to pay small entity fees, a small entity statement is required (37 CFR §1.27), except if one filed in a prior application is relied upon (37 CFR §1.28)	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group No./Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert customer number or attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Kevin L. Russell				
Address	601 SW Second Ave., Suite 1600				
City	Portland	State	OR	Zip Code	97204-3157
Country	USA	Telephone	(503)227-5631	FAX	(503)228-4373
Name (print type)	Kevin L. Russell			Registration No.	38,292
Signature				Date	March 22, 2001

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03/22/01

FEE TRANSMITTAL for FY 2001 Patent fees are subject to annual revision.				Complete If Known			
Application Number				Filing Date		Mar 2001	
First Named Inventor		Dolan, et al.		Examiner Name			
Group/ Art Unit				Attorney Docket No.		KLR:djs 7146.099	
TOTAL AMOUNT OF PAYMENT		\$1,160					
METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and credit any over payments to:				3. ADDITIONAL FEES			
Deposit Account Number		03-1550		Large Entity Small Entity		Fee Paid	
Deposit Account Name		Chernoff Vilhauer McClung & Stenzel		Fee Code (\$)		Fee Code (\$)	
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 & 1.17							
2. <input checked="" type="checkbox"/> Payment Enclosed							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee	710		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)							\$710
2. EXTRA CLAIM FEES							
Total Claims 45 - 20** = 25 x 18 = 450							
Indep. Claims 2 - 3** = 0 x 80 = 0							
Multiple Dependent							
*or number of previously paid, if greater. For reissues, see below.							
Large Entity Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	**Reissue independent claims over original patent			
110	18	210	9	*Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)							\$450
SUBMITTED BY				Complete (if applicable)			
Name (print type)		Kevin L. Russell		Registration No.		38,292	
Signature				Telephone		(503) 227-5631	
				Date		March 22, 2001	

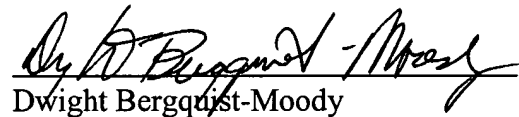
**CERTIFICATE OF MAILING
BY EXPRESS MAIL**



Express Mail No.: EL619333117US

Date of Deposit: March 22, 2001

I hereby certify that the patent application attached hereto entitled **EFFICIENT DOCUMENT BOUNDARY DETERMINATION**, Dolan et al., inventors, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to, The Honorable Commissioner for Patents and Trademarks, Box Patent Application, Washington, D.C. 20231.


Dwight Bergquist-Moody